

# Safe and Supportive Schools: A Journey

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“

Do the best you can until you know better. Then when you know better, do better. ”

Maya Angelou

# TODAY'S PURPOSE

[www.josephfantigrossi.com](http://www.josephfantigrossi.com) @jfantigrossi

- Understand the impact
- Trauma awareness with current systems
- Resources and practices
  - <http://bit.ly/wayne-cty-mtss>
- Practical examples
- Action steps

# Turn and Talk with a partner

What does a Safe &  
Supportive school look like,  
sound like, and feel like?

Trauma is not the event.

Trauma is the response.



Each individual responds differently.

***STOP ASKING: What is wrong with this student?  
AND START ASKING: What has happened to this student?***



# ADVERSE CHILDHOOD EXPERIENCES:

- ABUSE
- NEGLECT
- DYSFUNCTION (Family)

## THE TRUTH ABOUT ACEs

### WHAT ARE THEY?

ACEs **are**  
ADVERSE CHILDHOOD EXPERIENCES

### HOW PREVALENT ARE ACEs?

*The ACE study\* revealed the following estimates:*

Category	Sub-category	Prevalence
ABUSE	Physical Abuse	25.2%
	Sexual Abuse	10.1%
	Emotional Abuse	10.0%
NEGLECT	Emotional Neglect	24.2%
	Physical Neglect	3.2%
HOUSEHOLD DYSFUNCTION	Household Substance Abuse	20.4%
	Parental Divorce	17.5%
	Household Mental Illness	13.4%
	Mother Involvement/Child Abuse	10.2%
	Interparental Conflict/Blame	10.7%

\*percentage of study participants that experienced a specific ACE

**BY 17,000 ACE study participants:**

- 35% have experienced 0 ACEs
- 29% 1 ACE
- 27% 2 ACEs
- 14% 3 ACEs
- 14% 4+ ACEs
- 64% have at least 1 ACE

### WHAT IMPACT DO ACEs HAVE?

*As the number of ACEs increases, so does the risk for negative health outcomes*

RISK

0 ACEs   1 ACE   2 ACEs   3 ACEs   4+ ACEs

*Possible Risk Outcomes:*

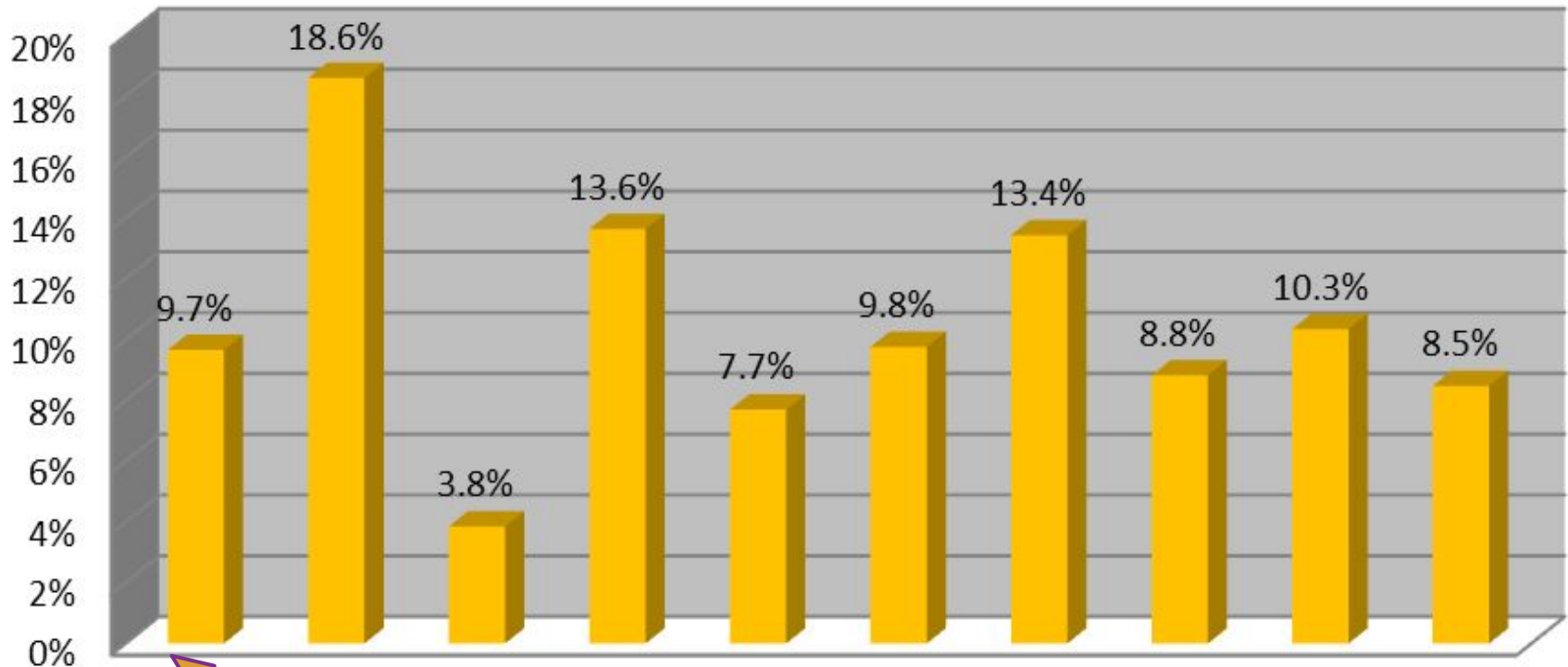
BEHAVIOR				
Alcohol Use Disorder	Smoking	Binge Drinking	Drug Use	Work Woes
PHYSICAL & MENTAL HEALTH				
Lower Health Status	Diabetes	Depression	Self-harm	STIs
Heart Disease	Cancer	Stroke	COPD	Sexual Abuse

# Hand Model of the Brain



# ACE'S REPORTED BY KINDERGARTEN PARENTS AT SCREENING:

## Two or More Trauma



WAYNE COUNTY SCHOOL DISTRICTS

K READY SURVEY- Wayne County 2016  
554 out of 1007 Kindergarten Students

10% Wayne Co. Avg



## LOCAL K SCREEN:

### CHILDREN WITH 2 OR MORE “ACEs” \*:

- 3 times more likely to not calm down when upset.
- Twice as likely to not be able to independently button or zipper clothing.
- 13 times less likely to be able to focus on activity other than TV or computer.

## LOCAL K SCREEN: CHILDREN WITH 2 OR MORE “ACEs” :

- 5.7 times more likely to ignore rules at home.
- 4.3 times more likely to never read with parent/adult.

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How do we  
address trauma?



# SUPPORTS FOR STUDENTS



# ADAPT INSTEAD OF ADD



- DON'T THINK "MORE" – THINK "ADAPT CURRENT PRACTICE"

Vincent, Randall,  
Cartledge, Tobin, &  
Swain-Bradway 2011;  
Sugai, O'Keeffe, &  
Fallon, 2012ab

## **Culturally Equitable** Academic & Social Behavior Expectations

**Culturally  
Knowledgeable**  
Staff



**Culturally Valid**  
Information for  
Decisions

**Culturally Relevant** & Effective  
Instruction





D<sub>4</sub>

A<sub>4</sub>

T<sub>4</sub>

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R<sub>4</sub>

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# Discuss with someone new

Now that you have seen our pre-K numbers, what is your prediction as to how trauma will impact secondary students?



# CHILDHOOD TRAUMA

<b>Evalumetrics Youth Survey - 2017</b>	<b>2017</b>	<b>ACE 2 or less</b>	<b>ACE&gt;2</b>	<b>Ratio</b>
<b>Used Alcohol in Past 30 Days</b>	20.6%	15.3%	31.5%	2.1
<b>Smoked Cigarettes in Past 30 Days</b>	6.6%	4.1%	12.4%	3.0
<b>Used Any Other Drug in Past 30 Days</b>	2.0%	1.1%	4.2%	4.0
<b>Felt Sad/Depressed</b>	41.2%	29.0%	68.1%	2.3
<b>Self-injury</b>	17.7%	13.2%	42.0%	3.2
<b>Planned Suicide</b>	10.4%	4.7%	25.3%	5.3

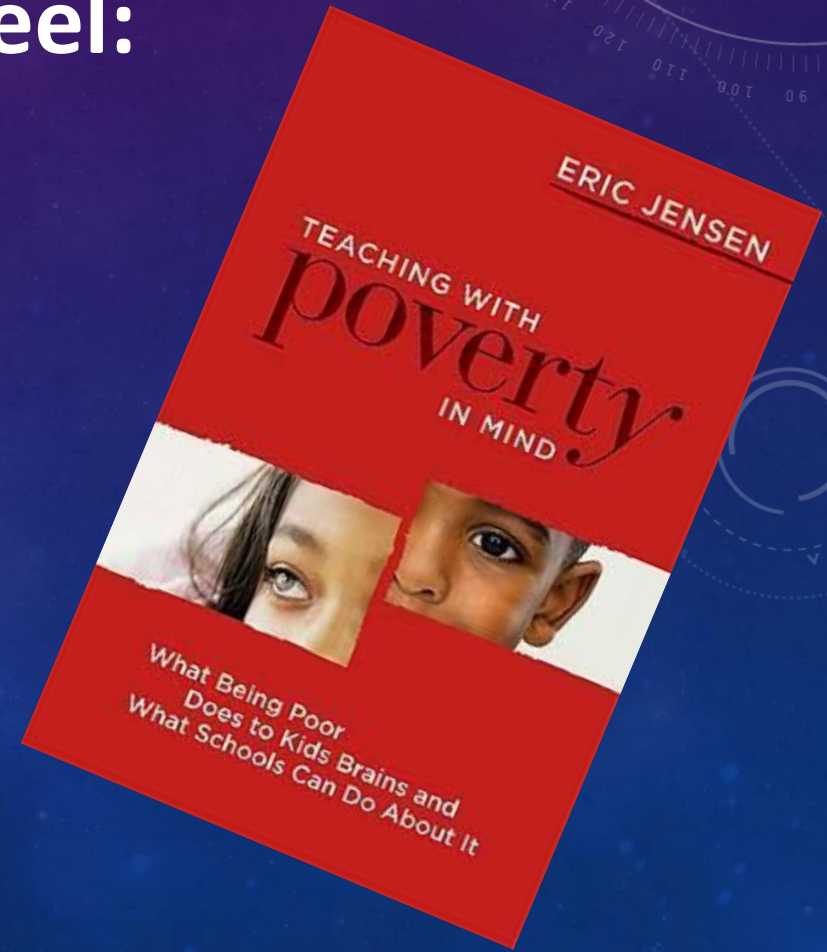
# POVERTY ASIDE

You can be poor and feel:

-Safe

-Loved

-Proud



# POVERTY & TRAUMA

RISK FACTOR/BEHAVIOR	ACEs 2 OR MORE	FOOD INSECURE	BOTH
Anti-social Behavior	4.1X	1.4X	4.2X
Friends Use Drugs	7.8X	5.9X	58.8X
Lack Attachment To Family	3.4X	3.4X	5.3X
Plan Suicide	6.6X	3.7X	9.8X
Alcohol Use	4.8X	3.6X	8.0X
Marijuana Use	4.3X	3.6X	8.0X
Other Drugs (Opioids, Cocaine etc)	4.8X	11.6X	8.8X

# Partner Discussion

What do you notice and wonder after looking at this data?



Vincent, Randall,  
Cartledge, Tobin, &  
Swain-Bradway 2011;  
Sugai, O'Keeffe, &  
Fallon, 2012ab

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# What lives under the MTSS Umbrella

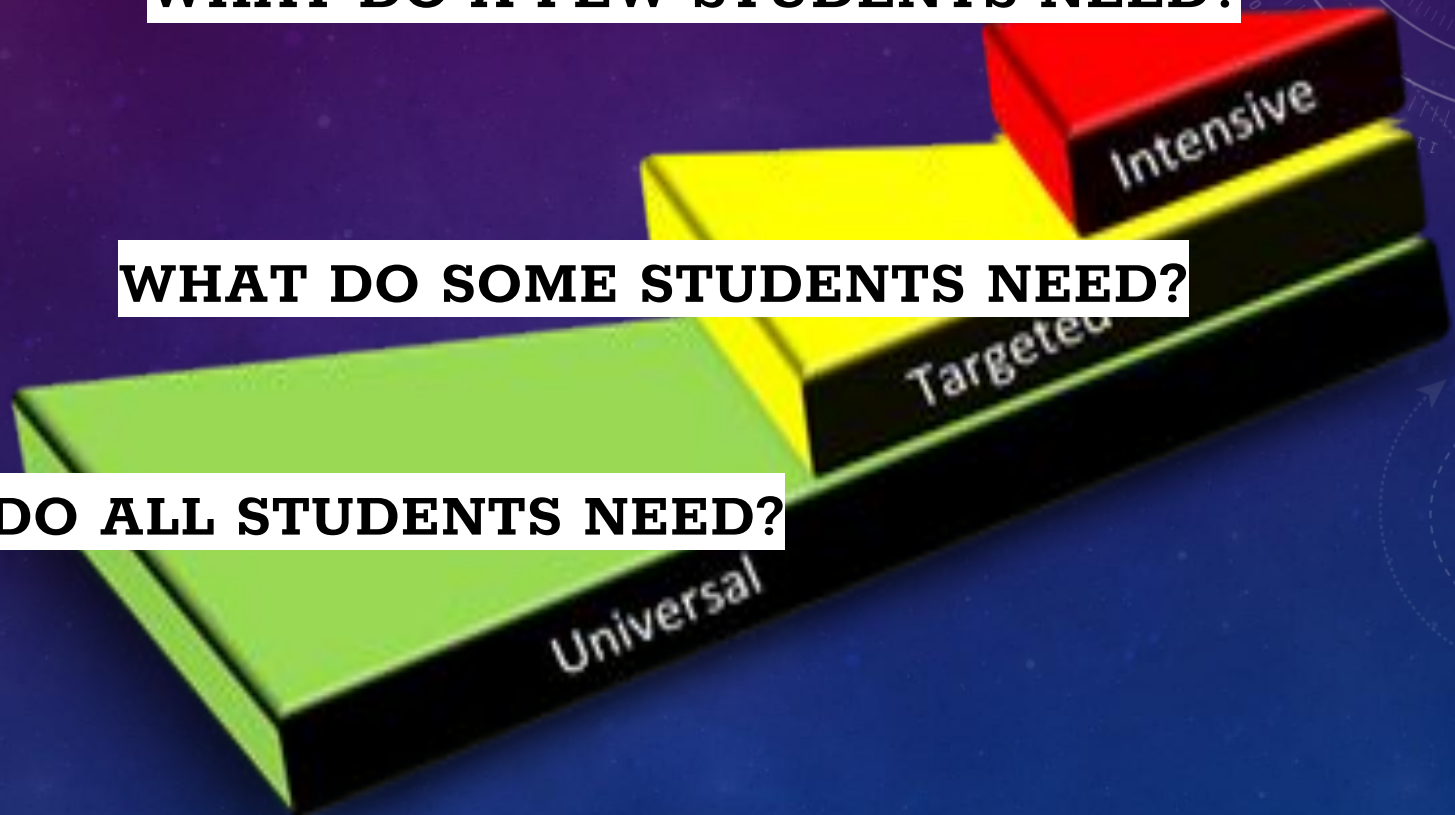




**WHAT DO A FEW STUDENTS NEED?**

**WHAT DO SOME STUDENTS NEED?**

**WHAT DO ALL STUDENTS NEED?**



Vincent, Randall,  
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Swain-Bradway 2011;  
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# Best Practices

Next  
Exit



# TIER 1 Interventions

# TIER 2 Interventions

# TIER 3 Interventions

How to Adult

SW-PBIS

Second Step

Botvin's Life Skills

Project Success

RRR

Incredible Years

Primary Project

NYS Mentoring

Check In/ Check Out

FACT

Why Try

Goal Attainment

Scaling

**Wrap/Renew**

**YAP Mentoring  
(before involvement  
with court)**

**PINS**

**Satellite MH Office in  
School Building**

# A FRAMEWORK TO HELP

**ATTACHMENT  
REGULATION  
(SELF)  
COMPETENCY**



## Developing Resilience:

**Attachment-**caring adult & positive peer interaction

**Self-Regulation-** ability to respond to stress with poise; absorb, identify and manage strong emotions

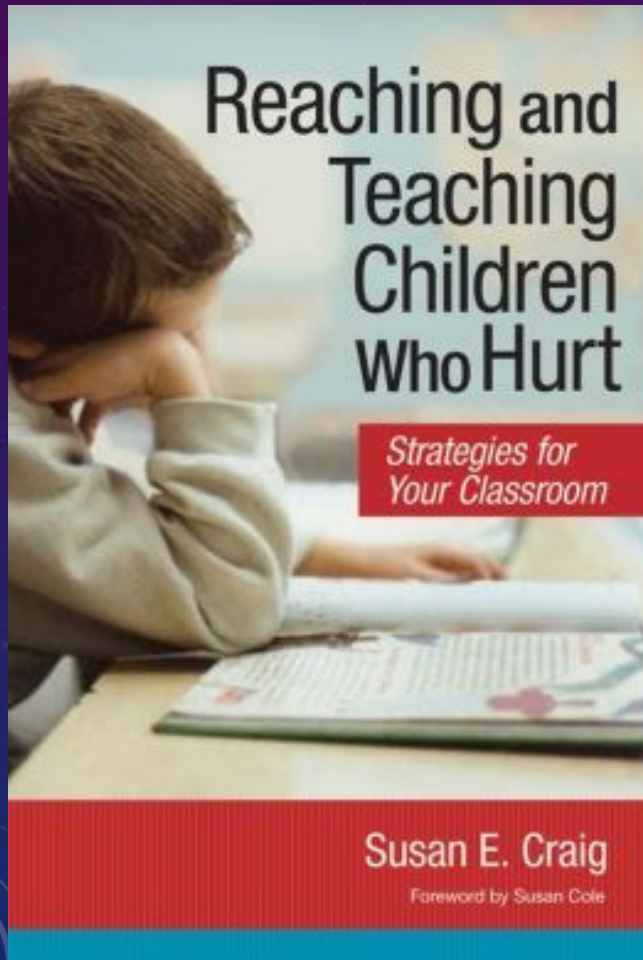
**Competency-** building abilities; from reading to math to cooking a meal-this provides a sense of self-efficacy



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# BUILDING CAPACITY FOR STAFF

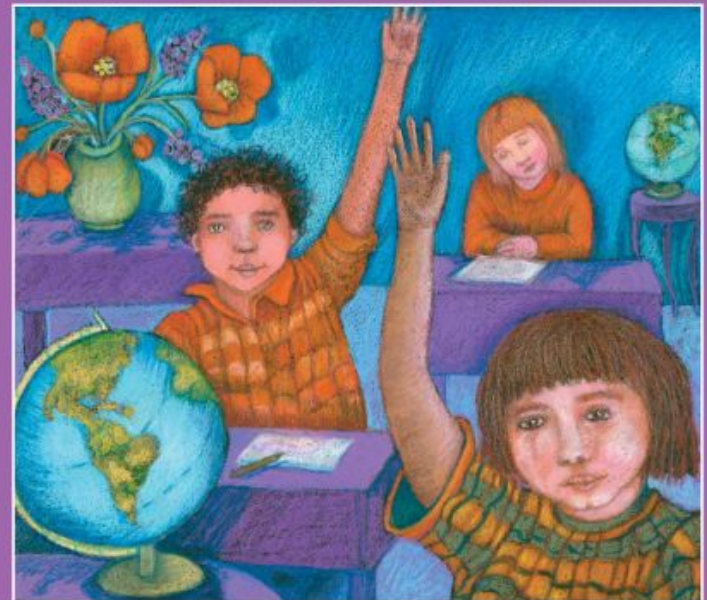
# BOOK STUDIES & PLC'S HELPED START CONVERSATION:



## Helping Traumatized Children Learn

*supportive school environments  
for children traumatized by family violence*

A Report and Policy Agenda



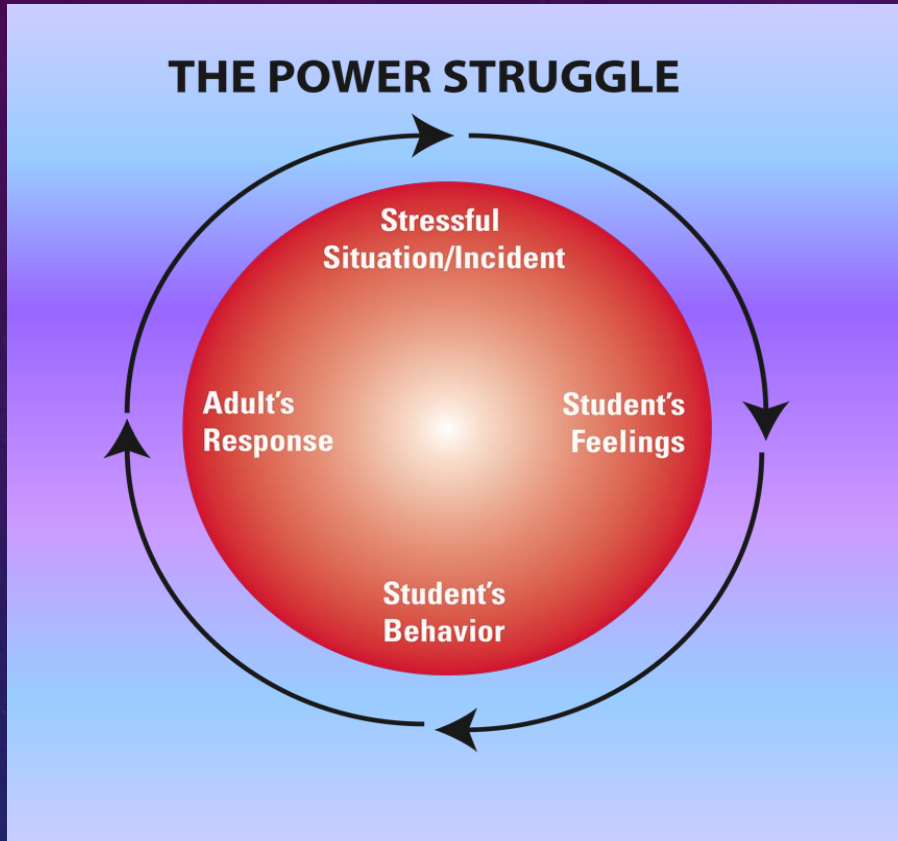
**Massachusetts Advocates for Children: Trauma and Learning Policy Initiative**

*In collaboration with Harvard Law School*

*and The Task Force on Children Affected by Domestic Violence*

(Both of these are on your resource handout)

# Therapeutic Crisis Intervention for Schools (TCIS)



WHAT HAPPENED TO YOU?



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YOUTH  
MENTAL  
HEALTH  
FIRST AID®

[www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org)



# YOUTH MENTAL HEALTH FIRST AID

**TAKE A COURSE. SAVE A LIFE.**

ANYONE, ANYWHERE CAN #BETHEONE TO MAKE A DIFFERENCE IN THE LIFE  
OF SOMEONE WITH A MENTAL HEALTH OR SUBSTANCE USE CHALLENGE!



# SELF- CARE

HOW DO YOU RECHARGE & HEAL?

WHO IS “THAT PERSON” FOR YOU TO GO TO WHEN YOU NEED HELP?



<b>MENTAL/ PSYCHOLOGICAL</b>	<b>SOCIAL/ BEHAVIORAL</b>	<b>PHYSICAL/ HEALTH</b>
REFLECTION	BOUNDARIES	REST
BOUNDARIES	USE VACATION	NUTRITION
SOLITUDE	PEER SUPPORT	EXERCISE
READING	HUMOR/LAUGH	SUNSHINE

Find a partner you have not worked with yet today.

Discuss one action step you can take in the near future to make your organization more responsive to trauma.

# ADAPT INSTEAD OF ADD



- MUCH OF WHAT IS ALREADY DONE CAN BE Integrated INTO A TRAUMA INFORMED APPROACH!!
- DON'T THINK "MORE"—THINK "ADAPT CURRENT PRACTICE"

# THANK YOU!

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- <http://bit.ly/wayne-cty-mtss>